## STATE OF MARYLAND

IENE	0	
	O	RF(

JUN 2	12-FOR STATE REGISTRAR			CATE OF DEATH	IENE 8 7 REG. NO	17	3 2 8
1	DECEASED NAME	FIRST MIDDLE	Ü	ST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
	Susi	.e M	Barre	tt	June 20,	1987	10:45A <sub>M</sub>
	3. SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER	
-	female	white	.Тапиа	ry 25, 1893	94	YRS.	DAYS HOURS MIN.
1	To. BIRTHPLACE (STATE OR FOR	EIGN 76. CITIZEN OF WHAT	COUNTRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OF		ATH
	Marvland	U.S.A.	WIDOWEI		Charles		MD
5	O. CITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME O		12g USUAL OCCUPATIO	)N 12b. P	CIND OF BUSINESS OR
4	La Plata		ns Memorial	Hospital	(TYPE OF WORK FOR MOST OF Homemaker	WORKING LIFE) INDI	Ň/Ä
	Maryland C	b COUNTY 13c. (		13d. INSIDE CITY LIMITS? YES NO 🔼	Box 344, H	ZIP CODE ighway 5	20601
	4 FATHER'S NAME Millard	MIDDLE Bri	ghtwell	Unknown	WE	Ur	nknown
/	(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	50CIAL SECURITY NO. 7-30-6085	17 INFORMANT Elbert Barre	Box 344 LaPIat		ind
or other traumatic even	Conditions, if any, w gave rise to immed cause (a), stating underlying cause	thich diote the last. (c)	A CONSEQUENCE OF	Lucia	ere Pose	place .	
or to bu			ce links	erion. L	Sepsis.		
2	190. DATE OF OPERATIO	n 196. Condition	FOR WHICH OPERA NON	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES [	FINDINGS USED AUSES OF DEATH? NO
9	OR CONTRIBUTING CAU	ISE OF DEATH HOUR A.M. EXAMINER) P.M.	MONTH DAY YEAR 19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	' IN ITEM 18 PART 1 OR P	ART 2)
	21d. INJURY OCCURRED NOT WHILE AT WORK		CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	vn cou	NTY STATE
# hem 21 is mg	22a.1 certify that (1) (#	its hespital) attended the dec	Veath. 19 St., and	d that in (my) (acc) apinian DEGREE ATTENDING	,	220	. DATE SIGNED
1	22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)	surp	PHYSICIAN 22e. ADDRESS	MEDICAL STAFI	AN D 6	5/20/87
1	Khadar Ba		22 - 11445 05 05	La Plata, Ma	aryland 123d LOCATION		
1	230. BURIAL, CREMATION, RE (SPECIFY) Burial	MOVAL 23b. DATE 6/23/87	St. Barnah	as Epis. Ch.	Cem. Temple	Hills P	G. Marvland
- 1	Darrar	10/23/01	de parmar	This our			Live Jacon

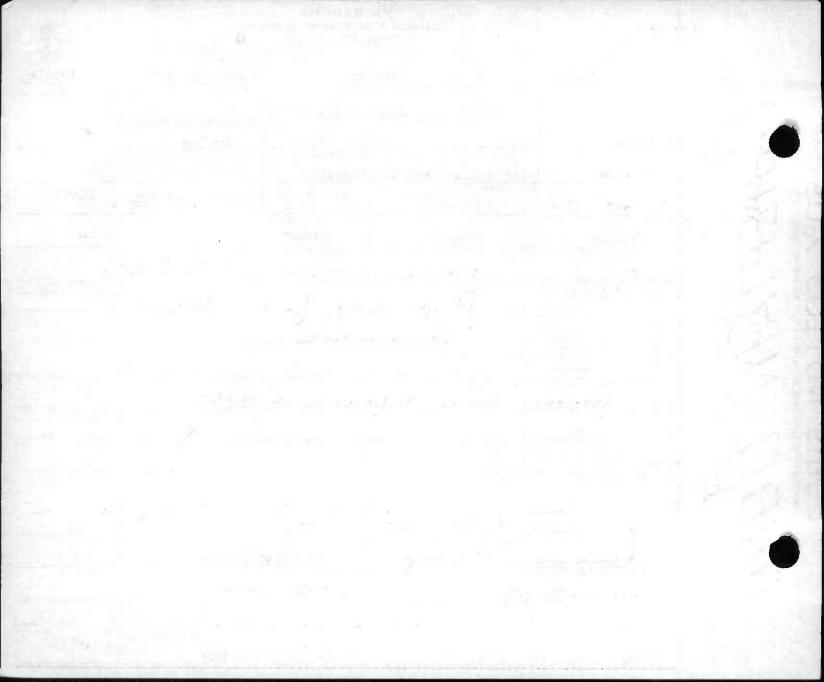
DHMH - 16 60M 7/B4

(VRA 15, 4)

6/23/87

St. Barnabas Epis. Ch. Cem. Temple Hills P.G. Maryland

24 FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill, Md.



1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE REG. NO.	7 3 2 9
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
[TYPE	RUBY	EDNA BR	IDGETT	JUNE 02 1	987 B: 25P M
3. SE:		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	DDM ST D	LULT ME	MONTH DAY YEAR	F" **	MONTHS DAYS HOURS MIN.
Zo Bi	FEMALE RTHPLACE (STATE OR FOREIGN	WHITE  76. CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	COUNTRY)		MARRIED NEVER MARRIED	_	, or sext
	TY OR TOWN OF DEATH	U. S. OF A.	WIDOWED DIVORCED	CHARLES  120. USUAL OCCUPATION	MD.
		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
	EL ALTON	ORIOLE DR.	(Resident)	TEACHER'S AT	DE BRD. OF ED.
	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136, CITY OR TOW		13e.STREET ADDRESS / ZIP COD	)E
M	ARYLAND CHAI	RLES BEL ALT		LOT 12 ORTOL	
14. FA	THER'S NAME		15. MOTHER'S MAIDEN NA		
	ROBERT :	SIDNEY WENK	EDNA	WIDDLE	PENN
160 V	VAS DECEASED EVER IN U.S. A	C. OH EL I I HOLD II		ADDRESS - O	
- 1		VE WAR OR DATES)		LO.	T 12 ORIOLE LN
	NO N	A 579-38-	6711 LEWIS N. B	RIDGETT, BEL	ALTON MD 2061
	18 CAUSE OF DEATH (Enter D PART I. DEATH WAS CAUS IMMEDIA Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last.	ARY	BETWEEN ONSET AND DEATH		
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 1(g)
Z					
CERTIFICATION	19a. DATE OF OPERATION	. 196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
Ü	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (FINTER NATURE OF INJURY IN ITEM 18	PART : OR PART 2)
	OR CONTRIBUTING CAUSE OF DE	AIH	19		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
WE	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive a	oital) attended the deceased fram_ n	, and that in (my) (pur) aprinion	death pccurred an the date and ha	, 19, that (I) (we) lost out and fram the causes stated
	22b. SIGNATURE	by view me budy after death.	DEGREE	/	22c DATE SIGNED
	toich	M. Hatter		DIRECTOR PHYSICIAN	6/3/87
	22d PHYSICIAN'S NAME (TYPE KRISHAN MA		CHARLES PR	OF, BLDG, WALDO	RF,MD,20601

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR
AREHART F FUNERAL HOME, INC., LA PLATA, MD.

06-05-87

23b. DATE

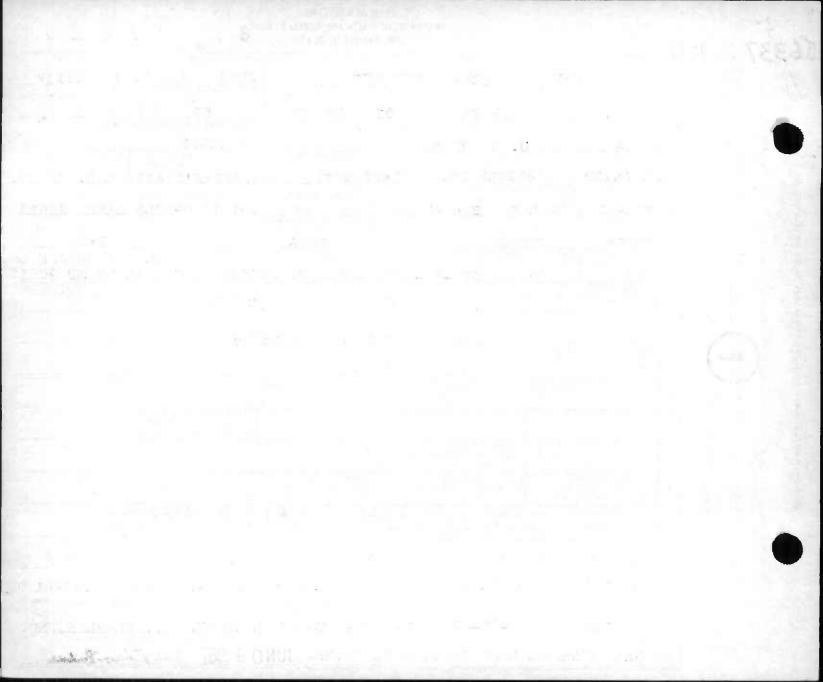
230 BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL

23c NAME OF CEMETERY OR CREMATORY ST. IGNATIUS

AATORY 234 LOCATION
CITY OF TOWN

CATH CHAPEL PT CHARLES

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



requires that the death certificate be executed within 24 hours after death. Page

					JIMIL	E OF MARYLAND				
10. 16	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENE 7		7 3 ;	3 0
1.13		CEASED NAME FIRST		WIDDLE	L	AST			DAY YEAR	2b. HOUR
	(TTPE	KENNE	TU	JAMES	DDC	OWN JR.		06 0	5 87	9.10
	3. SE		4 RACE	014122	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 H
	P	ALE	WHIT	F	0.5	18 28	59	YRS.	MONTHS DAYS	HOURS M
Street of		RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	8		9. BALTIMORE CITY O		OF DEATH	
30		COUNTRY)	11 6	OF A.	WIDOWE	D NEVER MARRIED D	CHARLEC	COLIN	msz	
D		TY OR TOWN OF DEATH		F HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	CHARLES 12a. USUAL OCCUPATI	COUN	12b. KIND OF	BUSINESS
Chiffed Continued	7 8	DY AMA		CT A A COLOR		AT HOODERAL	(TYPE OF WORK FOR MOST C			UE CO
5	JUSU/	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTIO		ADMISSION)	AL HOSPITAL	IU.S.MARI	NE	MARIN	
\$5		TATE 13b CO		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	D 3 1 17		2060
5		ARYLAND CH	IARLES	WALDORF		YES NO X	1026 ST.	PAUI	J'S DR.	IVE_
5		FIRST	MIDDLE	LAST		FIRS1	WIDDIE		LAS1	
- G	16. 14	KENNETH VAS DECEASED EVER IN U.S.	JAMES	BROWN .		LILLUS 17. INFORMANT	ADDRE	22	GRIN	MES
medicol	(1	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)					102		PAUL
E		YES 194	6-1964	306-28-	9963	DEENA M. F	RICHEY, WA	LUORE		0601
					- P(10 A .	of toleton				
ry, ar other trau		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	(c)_	OR AS A CONSEQUE  ON THE CONTRIBUTING TO E	11/18/	aloris of ten	MIN AL DISEASE OR CON	DITION GIV	EN IN PART 1(0	
ws any injury, or other trau	FICATION	gove rise to immediate couse (a), stating the underlying couse lost.	t CONDITIONS	Seven (	DEATH BUT	algoris of the term	200 AUTOPSY?	20b. IF YES	, WERE FINDIN YING CAUSES	GS USED OF DEATH?
shows ony injury,	ERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a, DATE OF OPERATION	T CONDITIONS	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES IN CERTIF YES	, WERE FINDIN YING CAUSES (	GS USED
18 shows any injury,	A CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS O	CONTRIBUTING TO E	OPERATION  AY YEAR	algoris of the term	200 AUTOPSY?	20b. IF YES IN CERTIF YES	, WERE FINDIN YING CAUSES (	GS USED OF DEATH?
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or Item 18 shows ony injury,	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURED)	T CONDITIONS (  196 CON  196 CON  216 TIME HOUR ( NER)  21e PLAC	CONTRIBUTING TO E	OPERATION  AY YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES IN CERTIF YES	, WERE FINDIN YING CAUSES (	GS USED OF DEATH? NO [
Item 18 shows ony injury,		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURED)	T CONDITIONS (  19b CON  19b CON  DEATH HOUR  NER)  21e, PLAC (AT HOME :	CONTRIBUTING TO E  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR  21f. LOCATION	200 AUTOPSY?  YES NO NO	20b. IF YES IN CERTIF YES RY IN ITEM 18 P	WERE FINDIN YING CAUSES ( S ART LOR PART 2)	GS USED OF DEATH? NO
is marked or Item 18 shows any injury,		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION NOT NOT WHILE AT WORK  22a.1 certify that (1) (this has saw the deceased alive	T CONDITIONS 3  19b CON  19b CON  21b TIME HOUR (AT HOME: spital) ottended on	CONTRIBUTING TO E  IDITION FOR WHICH  OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR  21f. LOCATION  STREET	200 AUTOPSY?  YES NO NO CITY OR TO	20b. IF YES IN CERTIF YES RY IN ITEM 18 P	COUNTY	GS USED OF DEATH? NO  STATI
21 is marked or Item 18 shows any injury,		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (JEETHER NOTER MEDICAL EXAMI)  21d. INJURY OCCURRED  WHILE AT WORK NOTER THE CAUSE COURSED  AT WORK 120.1 (1) (this ho	T CONDITIONS 3  19b CON  19b CON  21b TIME HOUR (AT HOME: spital) ottended on	CONTRIBUTING TO E  IDITION FOR WHICH  OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR  21f. LOCATION STREET  , 19  and that in (my) (our) opinion  DEGREE	200 AUTOPSY?  YES NO NO CITY OR TO	20b. IF YES IN CERTIF YES RY IN ITEM 18 P	COUNTY	GS USED OF DEATH? NO STATI
If them 21 is marked or Item 18 shows any injury,		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI)  21d. INJURY OCCURRED  WHIE NOTIFY MEDICAL EXAMI)  21d. INJURY OCCURRED  WHIE NOTIFY MEDICAL EXAMI)  22a. I certify that (1) (this had soon the deceased olive obove, (1) (we) (did) (did)	T CONDITIONS 3  19b CON  19b CON  21b TIME HOUR (AT HOME: spital) ottended on	CONTRIBUTING TO E  IDITION FOR WHICH  OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR  216. LOCATION STREET  , 19 and that in (my) (our) opinion  DEGREE  MIN ATTENDING	YES NO CITY OR TO death occurred on the di	20b. IF YES IN CERTIFY YES	COUNTY  19	GS USED OF DEATH? NO STATE
If them 21 is marked or Item 18 shows any injury,		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI)  21d. INJURY OCCURRED  WHIE NOTIFY MEDICAL EXAMI)  21d. INJURY OCCURRED  WHIE NOTIFY MEDICAL EXAMI)  22a. I certify that (1) (this had soon the deceased olive obove, (1) (we) (did) (did)	T CONDITIONS OF TOO TO THE PROPERTY OF THE PRO	CONTRIBUTING TO E  IDITION FOR WHICH  OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR  216. LOCATION STREET  , 19 and that in (my) (our) opinion  DEGREE  MIN ATTENDING	200 AUTOPSY? YES NO CITY OR TO  deoth occurred on the di	20b. IF YES IN CERTIFY YES	COUNTY  19	GS USED OF DEATH? NO STATE
If them 21 is marked or Item 18 shows any injury,		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE OBOVE, (I) (we) (did) (did)  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)	T CONDITIONS 1  196 CON  196 CON  216 TIME HOUR NER)  21e PLAC (AT HOME spitol) oftended on not) view the book of the condition of the	CONTRIBUTING TO E  IDITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  STREET, FACTORY, OFFICE, F  the deceosed from  dy after death.	OPERATION  AY YEAR  19  ARM ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR  21f. LOCATION STREET  , 19  and that in (my) (our) opinion  DEGREE  M ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do  MEDICAL STAL  DIRECTOR PHYSIC	20b. IF YES IN CERTIF YES IN CERTIFOR YES	COUNTY  19	GS USED OF DEATH? NO  STATI
Hem 21 is marked or Hem 18 shows any injury,	MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHEY MEDICAL EXAMI)  21d. INJURY OCCURRED  WHILE NOTWHILE AT WORK AT WORK  22c.1 certify that (1) (this has sow the deceased alive obove, (1) (we) (did) (did)  22b. SIGNATURE  MICHAEL A  MICHAEL A  MICHAEL A	T CONDITIONS (  19b CON  19b CON  21b TIME HOUR HOUR (AT HOME ( AT HOME ( AT HOME )  PEOR PRINT)  LEAT	CONTRIBUTING TO E  IDITION FOR WHICH  OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET, FACTORY, OFFICE, F  the deceased from dy after death.  CHERWOOD,	OPERATION  AY YEAR  19  ARM ETC)  M. D.	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR  216. LOCATION STREET  19 and that in (my) (our) opinion  DEGREE  M D  ATTENDING PHYSICIAN  222e ADDRESS  ROUTE 30	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the did  ADDRECTOR PHYSIC	20b. IF YES IN CERTIF YES IN CERTIFOR YES	COUNTY  19	GS USED OF DEATH? NO  STATE hot (I) (we) couses stoted
If them 21 is marked or Item 18 shows any injury,	WEDICAL MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE OBOVE, (I) (we) (did) (did)  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)	T CONDITIONS (  19b CON  19b CON  21b TIME HOUR HOUR (AT HOME ( AT HOME ( AT HOME )  PEOR PRINT)  LEAT	CONTRIBUTING TO E  IDITION FOR WHICH  OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET, FACTORY, OFFICE, F  the deceosed from  19  dy offer death.  PHERWOOD,  23(, N	OPERATION  AY YEAR  19  ARM ETC)  M.D.	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR  21f. LOCATION STREET  , 19  and that in (my) (our) opinion  DEGREE  M ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do  MEDICAL STAL  DIRECTOR PHYSIC	20b. IF YES IN CERTIFY YES	COUNTY  19	GS USED OF DEATH? NO  STATE hot (I) (we) couses stoted

FUNERAL HOME, INC., LA PLATA, MD.

DHMH - 16 50M 1/81 (VRA 15, 4)

AREHART

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

THE STATE OF THE S IN THE COURT OF TH

BED NO.

Funeral Home Inc. LaPlata.

(VRA 15, 4)

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. 1	٧٥.	0 0	diam.
1	. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	l	AST	20. DATE OF DEATH	MONTH 1	DAY YEAR	b. HOUR
	ALICE	<u> </u>		COLE		June	16, 1987	7 10:55A
3	S. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST B			IF UNDER 24 HRS
1	FEMALE	BLACK	Nov		72	YRS.	MONING DATS	. Min.
1	BIRTHPLACE (STATE OR EOREIGN	76. CITIZEN OF WHAT COUNTR	A STATE OF THE PARTY OF THE PAR			OR COUNTY	OF DEATH	
-	Maryland	United States	WIDOWE		CHARLE	S		MD.
APIN MEDI	Pomonkey	HOME ROUTE 224	SING HOME C FET ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OE WORK EOR MOST Homemake	OF WORKING LIF		BUSINESS OR
1	JOUAL RESIDENCE (IF NURSING HOME OR 136. STATE 13b. COUN Maryland Char	13c. CITY OR TO	NWC	YES NO K	13e STREET ADDRESS Route 22			
2.	4. FATHER'S NAME EIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	
T.	JAMES	G. MARSI	HALL	MAUDE	Ε.		BLAIR	
, 1	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SE	CURITY NO.	17. INFORMANT	Rout	ESS e 1 Bo	x 94	
	NO	577-26-	-0166	Ellen E. Ne	wman Pomoi	ňkey,	x 94 Maryland	20640
		ally one cause per line for (a), (b), ED BY: TE CAUSE (a)	and (c).)	AILURE			APPROXIMA BETWEEN ON	S HOUR
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC (b) A CONSEC DUE TO, OR AS A CONSEC (c) RHEU	QUENCE OF	OID ARTHR	-1715		For	months Years
		CONDITIONS CONTRIBUTING T		NOT RELATED TO THE TERM				INFECTION
7	198. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI			200 AUTOPSY?	20b. IF YES	S, WERE FINDING YING CAUSES O	SS USED
		HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR			- 🕒	
1	OR CONTRIBUTING AUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFEK	CE, EARM, ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did na	r and fram the co						
		- de la fay		DEGREE  1-D ATTENDING PHYSICIAN [		AFF ICIAN []	6-/6	
1	Aurelio C.	1 7	MrD	LA PLATA	BOX 1230 MARYLA	18	06×6	
2	30. BURIAL, CREMATION, REMOVAL	23b. DATE 23	C. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	BURIAL	6-19-87	St. Ch	arles	Glymon	t	Charles	Md.
2	74. FUNERAL DIRECTOR	400055		250. DATI	E REC'D. BY REGISTRA	R 256. REGIST	RAR'S SIGNATU	RE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

THORNTON FUNERAL HOME

Pomonkey, Md. 111102

The state of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OK ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours office leads 4 may be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonappers, Pages 1 and X should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal M <sub>13</sub> .  IMPORTANT: If hem 21 is marked an internal 18 tipes for injury, or ather troumotic event, the medical examples notified at order
	TO HOSPITA	Should be diwith the Sto

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STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES	7	REG. N	10.	7	3	3
Eyler Eyler	2a. DA1	6 OF	24	187	DAY	YEAR	2b H
VS. DATE OF BIRTH	6. AGE	(IN YE	ARS LAST BI	RTHDAY	IF UNDE	RIYEAR	IF UN
Jan. 16. 1934			53	YPS	MONTHS	DATS	HOU

1 (	20-	FOR STATE REGISTRAR				EALTH AND MENTAL H	IYGIENE	REG. NO.	7 3	3	3
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<	₹6 BII	MAle	CITIZEN OF WHA	T COUNTRY?	Jan	. 16, 1934 D NEVER MARRIED	9 BALTIMO	53 YE CITY OR COU	MONTHS D	ATS HOURS	MIN.
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2	130. S Ma	RESIDENCE (IF NURSING HOME OR O TATE 13b. COUNT TYLAND Char THER'S NAME	Y 13c.	RESIDENCE BEFORE ALL CITY OR TOWN Waldor		13d INSIDE CITY LIMITS? YES NO X	417	ADDRESS / ZIP C Lake Di		0601	
2		Chester		yler		Velma			/alent	ine	
			WAR OR DATES	SOCIAL SECURI		Carole J.	. Eyler	AD3511 Alex	Colla VA.		16
	NOI	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS	A CONSEQUEN A CONSEQUEN	CE OF	mytt	elher lu	E OR CONDITION	(	PERSONALE INTEGER OF THE PROPERTY AND TH	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTO	OPSY? 206. IF	YES, WERE FIL RTIFYING CAU YES	NDINGS USE USES OF DEA NO [	TH?
7	MEDICAL CER	2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	MONTH DAY	YE AR	21¢ HOW INJURY OCC	URRED (ENTER NA	TURE OF INJURY IN ITEM	A 18 PART I OR PAR	f 2)	
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		Richard M.		1		Brandywi	ne Wal	dorf Cl	inic,		. 4.
	(	urial, cremation, removal specify) Burial	6-29-87	Md	. Ve	emetery or cremator	Che	Itenham			20613 STATEMd.
4		ineral director untt Funeral		Q <sub>oress</sub> Bo		56 20601 <sup>250.0</sup>	JUN26	1987 Julia	Devider		A

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l		OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR	The state of the s	(ENTER MATORE OF PRODECT	TIEM TO FART   ON FART 2)	
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l	MEC	WHILE THE THE	(AT HOME STREET FACTORY OF	FICE, FARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK			25	- 6/23/	87	
ı		22a I certify that (I) (this hospital sow the deceased alive on	(5/5/X)		19 25 0	10_9	(3), 19	, that (i) ( <del>wa)</del> lost
I		obove, (1) (we) (did) (did not)	4.5		nd that in (my) (aux) opinion o	deoth occurred on the dote	ond hour and from th	e couses stoted
		SONATURE	Me		DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSICIA	N   100/	23/82
1		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		276 ADDRESS	02/-10	110/1	101
		SIKIMA	MRA		Waves 1	To conte	1. Walle	A.Mo
1	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	1234 MICATION		U
ĺ	(	BIRTAL.	06-26-87	TRIMIT	TV MEM CRON	CITY OR TOWN	CHADIE	STATE

24 FUNERAL DIRECTOR

MEM. GRDNST WALDORF CHARLES

250. DATE REC'D. BY REGISTRAR WE REGISTRAR'S SIGNALIZE

A.MD. (11N 29 1887)

(VRA 15, 4)

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DHMH - 16 60M 7/84 PLATA

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e 4 may be ctor, page 3 s offer death		CATT	FIRST FERINE 4. RACE	- Alta Cubite	5. DATE OF MONTH	RISSETT		MONTH DAY  G G IHDAY)  IF U MON	NDER I YEAR IF L	HOUR 34 M UNDER 24 HRS BURS MIN.
ofter death. Page the tuneral direct d within 772 hours.		RTHPLACE (STATEORFOR COUNTRY)  MARYS  TY OR TOWN OF DEATH	CTV.	ME OF HOSPITAL, NURS	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF CHARLES IN THE CONTROL OF WORK FOR MOST OF WORK FOR MOST OF CONTROL	ES C	DEATH  7b. KIND OF BUNDUSTRY	MD. JSINESS OR
Affin 24 hours of the standard be file of the standard be standard	13a. :	AL RESIDENCE (IF NURSING STATE 13 ATHER'S NAME FIRST	HOME OR OTHER INS	S ROCK	POINT	3d. INSIDE CITY LIMITS? YES NO S. MOTHER'S MAIDEN NA	HOME MAKI		AT HOM	1E 0682
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and completely filled in by opens. Pages 1 and shoot be fill wol. it, the medical experies mystbe in		NO	N/A	1214-18	URITY NO. 1	KATE 7. INFORMANT	ADDRE PILKERTON	P.	BROW BOX 2	220 ,MD
201 W. PRESTON ST., B. me that the death certifical man by the otherding physical remove carbonopounts, are other traumatic event,		Canditians, if any, we gave rise to immediate (a), stating underlying cause	CAUSED BY:  MEDIATE CAUSE  DUE  which flighte the last.	E TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO	JENCE OF	mung ane				TAND DEATH
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d by d by nega the story		22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)	1-June M	,	PHYSICIAN [	OIRECTOR PHYSIC	IAN []	- (0	

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR RY C. ECHOLS

23a BURIAL, CREMATION, REMOVAL

BURIAL

HENRY L. BURKE. M.D.

06-12-87

CHARLES

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## STATE OF MARYLAND

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0.7	STATE REGISTRAR		DEP		ICATE OF DEATH	REG. NO	/ 3	3 /
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3. SE	F	4. RACE	/ (	5. DATE C			MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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L	A PLATA	PHYSIC	IAN MEM	ORIAL H	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR COOK		ATE
13a S M		OR OTHER INSTITUTION JNTY RLES	134. CITY OR ROMFR	TOWN	138. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / ZIP PO. BOX 33	CODE 3/ 20675	
	ATHER'S NAME  ILLIAM DEI	NNIS	JOHN	SON	JENNY	ELAI NE	BUTLE	
160 \	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES!	111	2-2997	Phyllis Boone	P.O.Box 402  White Plair	os. Marvla	nd <sup>20695</sup>
NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	RES A CONS	EONE MAE ON	Sold RELATED TO THE TERM	INAL DISEASE OR CONDITION		
RTIFICAL	190 DATE OF OPERATION	196 COND	ITION FOR WI	HICH OPERATIO	n was performed	YES NO NO	HE YES, WERE FINDI CERTIFYING CAUSES YES []	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICALEXAMIN 21d. INJURY OCCURRED  WHITE AT WORK AT WORK  22a. I certify that this has sow the deceased alive to above 11D be) Gid) Told  22b. SIGNATURE  BURIAL, CREMATION, REMOVA	P. PLACE (AT HOME ST PITAL) oftended the potal view the body	M. MONTH M. OF INJURY REET FACTORY OF the deceosed fr	om 19	21f LOCATION STREET	CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF  DIRECTOR PHYSICIAN  1234 LOCATION	nd hour and from the	that we) last a causes stated
	(SPECIFY) BURIAL	6-9-8			l Episcopal	CITY OR TOWN	Charles	M.d.

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been

etained by the hospital or attending physician

THORNTON FUNERAL HOME

24 FUNERAL DIRECTOR

St. Paul Episcopal

CITY OR TOWN
Waldorf

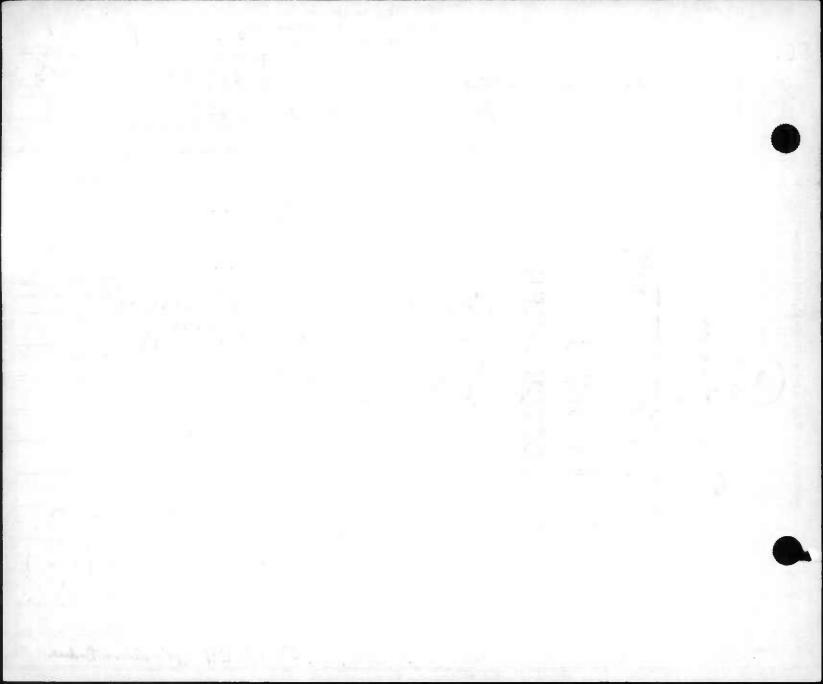
Waldorf Charles Md.

By REGISTRAR 156 REGISTRAR'S SIGNATURE

1987 Julia Davidan Radas

POMONKEY, MD

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YLAND 21201	,	thin 24 hours o	+
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	leased	TO HOSPITAL OR ATTENDING PHYSICIAN: The logical contribution dentificate be executed within 24 hours offer de-	
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ge 4 mcge 4 mcector. p	3. SE.	Female	4. RACE	/hite	5. DATE (		6. AGE (IN YEARS EAST BIRTHDAY)  80  YRS	MONTHS DATS HOURS MIN.
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T.,		PART I. DEATH WA	(Enter only one couse possible CAUSED BY:		1214	emboli,	massire	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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AL RECOR	CERTIFICATION	19a. DATE OF OPERAT	ON 196 CON	DITION FOR WHICH (	OPERATIO	N WAS PERFORMED		(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
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edica ling PHYS r offendin After this of as the bur th and Me	MEDICAL	21d INJURY OCCURRI	E AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Me hospital of ATTENDI the hospital of INTECTOR. A recorded for use the Dept. of Head I. If them 21 is m		sow the deceose obove, (I) (we) (di 22b. SIGNATURE	this hospital) attended to dive on the bod of the bod o	ly ofter death	1,0	DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote and h	out and from the couses stated  271. DATE SIGNED  6-26-87
TO HOSPITAL efoned by the TO FUNERAL should be detined the Store with the Store w		M.S.	COCHBUR	eN, PID	_	22e ADDRESS MH		
BP		BURIAL, CREMATION, F SPECIFY) Burial	06/29	9/87 Fo	rt Li	EMETERY OR CREMATORY  ncoln Cemeter		P.G. Maryland
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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Julia Decidera Pa

STATE OF MARYLAND

FOR

24 FUNERAL DIRECTOR

Funeral Home

DHMH - 16 60M 7/84

(VRA 15, 4)

Mark S. HAYDEN OG 28-57675 tensuls Care TO 35 PO Charles in Maka Propose inor Heinerich Herzeiche etwarzeiche Ut Challe Machinelle - Rt | Bear 574: 20637 216-12-135 Cardinal Election The section of the region of businessing 22 Tomber 42 March 26 20 Tom 84 There they ME F3-31-3 Le Marington have he Robe Ad Death ARTHUR C WOCDON AD All O 1 237 give Telemo Palace

director, page 3 hours after death

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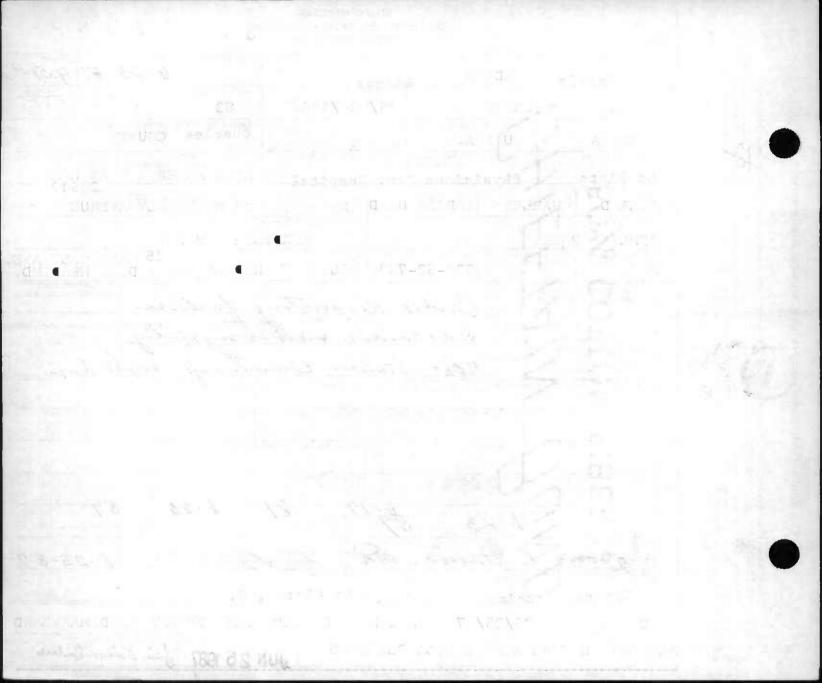
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2	157	FOR STATE REGISTRAR			DEPART		CATE OF DE		0 /	REG. NO.	7	5 4	**
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2		iyortownofdeath La Plata		Physi	OSPITAL, NURSIN FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTIT		12a USUAL OC (TYPE OF WORK FO HOME	R MOST OF WOR	KING LIFE) IN	AT H	OME
5	13a. S MA	RYLAND	HARL	ES	INDIAN	HEAD		40 🗆	13e STREET ADI	DRESS / ZIP	CODE LY A	2062 ZENUE	±0
7		THER'S NAME ASHLEY PO	)SEY	LE	LAST			CORDEI	A	POSEY		LAST	
F	160 W	AS DECEASED EVER IN	U.S. ARMED IF YES, GIVE WA		220–62-		MILTO		HEDGES	ADDRESS &	1 12 2 1	TTINGI AN HEA	LY AVE.
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1		Ignacio					22e. ADDRESS					45	
		BURIAL, CREMATION, RE.	MOVAL 2	3b. DATE 6/25/			EMETERY OR C	CEME		BRYAN			RYĽÄND
4	24. FU AR	INERAL DIRECTOR EHART FUNI	ERAL	HOME,	INCAPER	PLAT	A,MD.	25a. DATE	REC'D. BY REC		A 0-0	S SIGNATURI	

24 FUNERAL DIRECTOR AREHART FUNERAL HOME, INC. PLATA, MD. DHMH - 16 60M 7/84 (VRA 15, 4)

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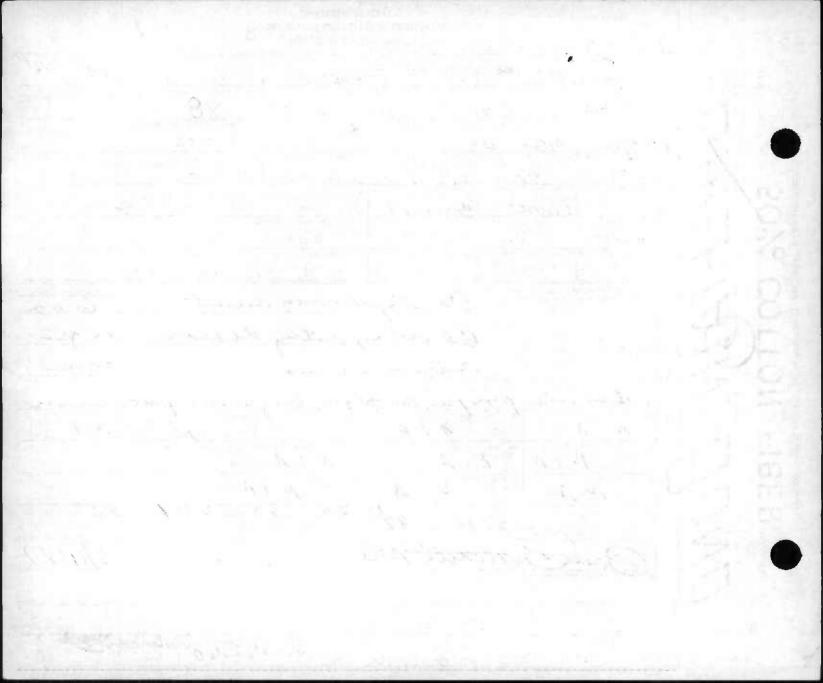
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770 JUN 1	_	FOR STATE REGISTRAR TILTO	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 7	7 3 4	
e #		CEASED NAME FIRST OR PRINT)	MIDDLE	H HEDGES	20. DATE OF DEATH	017	2b. HOUR
page 3	3. SE	1125625	E I SWOT	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	6 22 8 T	IF UNDER 24 HRS
ector.		MALE	WHITE	MONTH   DAY   YEAR	90	MONTHS DAYS	HOURS MIN.
th. Po		OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9. BALTIMORE CITY O	-	
within See	10. CI	VIRGINIA TY OR TOWN OF DEATH		WIDOWED DIVORCED IS HOME OR OTHER INSTITUTION	CHART	ON 126 KIND OF	BUSINESS OR
filed w		A PLATA	(IF NOT IN SUCH FACILITY, GIVE STREET	OUNTY NH	SUPERV		OV'T.
filled in mystbe	13a. S	ARYLAND CHAR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	HEAD YES NO	13e STREET ADDRESS /	ZIP CODE	20640
mpletely and a state of within	14 FA		MIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST	
5 6		AS DECEASED EVER IN U.S. AR			J. CAL	VERT ss45 MATTING	LY AVE.
Poge medi		ES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES) 215- 31	\$-560 2 MILTON C.		NDIAN HEAD	MD.
physicion onpapers: emovol.		PART I. DEATH WAS CAUSEI	ly one couse per line for 101, (b), on D BY:		Q Dre	APPROXIM BETWEEN O	MATE INTERVAL NSET AND DEATH
death ce by the attending by thollan, or r is thollan, or r		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE (c)	SHID			
on of the property of injury, o	NO	PART 2 OTHER SIGNIFICANT C	Advance.	DEATH BUT NOT RELATED TO THE TERM	inal disease or cont	DITION GIVEN IN PART 310	
on. hos been t permit. I iene prior ows ony is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES ( YES	GS USED OF DEATH? NO
ICIAN: The		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	21r. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
NG PHYSICIN of the this certificate the buriolith and Mento orked of Item	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TO	VN COUNTY	STATE
A ATTENDIN hospitol or RECTOR: Af ed for use o pt. of Healtl em 21 is mo		22e I certify that (I) (this hospid sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE	tol) attended the deleased fram	ond that in (my (our) opinion of	death occurred on the do		
by the by the ERAL DIII		Cero.	~257,	ATTENDING PHYSICIAN	DIRECTOR   STAF	F _ (6) /.	22/87
o HOSPITAL eroined by t TO FUNERAL should be def with the Stote MPORTANT:		776 PHYSICIAN'S NAME THE O	3A (GC	22e ADDRESS	lava,	Gw	
		URIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP	24 F	BURTAL JINERAL DIRECTOR	106-25-87 SH	ILOH METHODIST 250. DATE		ROAD, CHAS. 25b. REGISTRAR'S SIGNATU	
DHMH - 16 60M 7/84 (VRA 15, 4)	A	REHART FUNERA	AL HOME, INC., I	A PLATA, MD.	La. 5. 1007	1. Ninder 7	) della
				.301	1 20 1901	U	

11 11 11 H 1.1. 1.3 E. Shing HEDGES . 1 22 87-67 1 116 17-1 C 11 20 Lot 5 . . the street of th CHIPCHING CHARLES CHENTY USE CHEST WILLIAM CONTRACTOR Confish Informacy Comme and the same of the Con month of

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.	TO PLANERAL DIRECTOR. After this certificate has been uigned by the applicant physician and completely filled in the the function program of directors after the shall be defined by the place remains continuable defined by bedd by the program prior to be defined by the state Dept. I direct by the state Dept. I define and Memor Program prior to be under the state Dept. I director the state Dept. I death and Memor Program prior to be under the state Dept. I director the state De
•	TO HOSPITAL OR ATTI	TO FUNERAL DIRECTO

			STATE OF MAKTLAND	3 24
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENS 7	3 4 2
JUN 18	87		GILBERT HENDERSHINCATE OF DEATH REG. NO.	
		GEOR	10 DATE OF DEATH	DAY YEAR 26 HOUR
		Hemers	GE GILBERT HENDERSON GE (6 / //	181 2 M
	1 SEX	41	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
		/V/ ALE	QUC - 07 28 98 X8 YRS	
1	Ja. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OF DEATH
00	1	Aniemoy, Mc	v. us   widowed   Divorced   Charles	MD.
1/4	10 CL	TY ORUĐUNO OF BEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
0	1	La Plata	Charles Co. Nupsing Home   Carpenter.	US Gov't
57	USUA	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  NTY. 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS. / ZIP CODE	
5	1		rles Brians Pd. YES NO 1 Pt. 1 BOX 15	G /20616
-	14. FA	THER'S NAME	MIDDLE LASJ FIRST MIDDLE	LAST
16		Charles	H. Henderson   Mary F. Knap	
1		AS DECEASED EVER IN U.S. AF	DIE WAR OR DATES	
1		es 194	42-1944 578-05-9884 John M. Sine same as # 1	.3
1		IL CAUSE OF DEATH (Enter o	nly ane cause per line feeta), (b), and (c))	BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSI	TE CAUSE (a) Cardogulmoray Runt	6 m
			DUE TO OR ASSICONSEQUENCE OF	
annual Contract Contr		Canditians, if any, which	( 10) Rerosany arting decease	15 gr
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
		underlying cause last.	(c) arteriordusis	20 yr
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	EN IN PART Tra
	o N	metral val	a prolopse, hemoplypes, lung concer, Rall	on conser
0	IFICAT	190. DATE OF OPERATION		, WERE FINDINGS USED YING CAUSES OF DEATH?
<	E E	NIA	YES NOW YE	S   MANO
2	8	210. ACCIDENT WAS UNDERLYING	THE HALL WOLLD BAY VEAD	ART I OR PART 2)
	CAL	OR CONTRIBUTING	P.M. 19 19 14	
	MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARMETC.)  211. LOCATION STREET  A CITY OR TOWN	COUNTY STATE
	2	AT WORK AT WORK	10/14	
			oital) attended the deceased from 19 one that in (my) (aur) applied death accurred as the date and hou	19, that (I) (we) last
		saw the deceased alive a bave, (1) (we) (did) and n	n19	and fram the causes stated
	13	77h SIGNATURE	DEGREE	221. DATE/SIGNED
		Bank	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	4/11/8/
1	1	178-PHYSICIAN'S NAME ITWE	OF RINT) 22e ADDRESS	
1		100		
		BURIAL, CREMATION, REMOVA	L 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
	E	Burial		rles. Marylan
		UNERAL DIRECTOR	P. ODRESS BOX 156 250 DATE REC'D AN REGISTIAN CONTROL OF THE PROPERTY OF THE P	PARIS SMary of Gills
7/B4	H	untt Funeral	Home Waldorf, Md. 20601	4



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184 mm.	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 7	7343
• m±	1 DEC	CEASED NAME FIRST	inia Juanita	Hicks	June 2,1987	7 PAY YEAR 26, HOUR + 10:10 A
poge 3	3. SE)		inia Juanita	Is date of Birth	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 m	3 25/	Female	Caucasian	August 25,1906	80	MONTHS DAYS HOURS MIN.
Poge direct	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUN	
merol in 72 h	So.	Carolina	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Charles	MD.
24 hours ofter death. Ind in by the funeral iged within 72 in difficed of one		LaPLata		Memorial Hospit	120 USUAL OCCUPATION 1 Type OF WORK FOR MOST OF WORKING Accountant	IZE KIND OF BUSINESS OR INDUSTRY U.S.GOV.
n 24 hou	13a. S Ma	aryland Cha	rother institution, give residence before NTY 13c. CITY OR TOW Indian	Head YES NOXIX	13e STREET ADDRESS / ZIP CO	Place/ 20640
executed within and competelly ages.	)	THER'S NAME Horatius W.		15. MOTHER'S MAIDEN NA/	WIDDIE	Outlaw
	16a. V	(IF YES, GIV		817 NO. 17. INFORMANT 5266 Virginia G	. Armstrong,	5205 Acorn Dr. Camp Springs, Md
equires that the death certificate be in signed by the attending physician. Then please remove carbon papers. It to burial, cremation, or removal. injury, or other traumatic event, them		PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.		i obstruction	Julmman	, 61
w requires to been signed wit. Then ple rior to burion by injury, or	ATION	7	cles, Hypott	DEATH BUT NOT RELATED TO THE TERM  CLYSIA CLISTER,  OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED
icion.	CERTIFICATION	2] a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURE	YES NO Y	RTIFYING CAUSES OF DEATH? YES NO NO
CIAN 9 phys ertifica iol-tro intol H		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA			
offendin offendin ter this of sthe but h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDING PHYSICIAN: spirtal or attending physic CTOR. After this certificat d for use as the burial-train f. of Health and Mental Hys m 21 is marked or Item /8s.		A .	ital) attended the deceased from 19 %	ond that in (mx) (our) opinion	deoth occurred on the date and	
OR be he he coche		22b. SIGNATURE	g' The	DEGREE ATTENDING PHYSICIAN []	MEDICAL STAFF DIRECTOR   PHYSICIAN	6/2/87
TO FUNERAL should be det with the Stote		Dr. Khadar		LaPlata	Prof. Bldg.	LaPlata, Md2064
BP		URIAL, CREMATION, REMOVAL SPECIFY)  Burial	6/5/87 Tr	Name of CEMETERY OR CREMATORY  inity Mem Garde	23d LOCATION CITY OR TOWN Waldorf,	Charles, Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		intt Funeral	P. O		E REC'D. BY REGISTRAR 255 REC	

Female launarian hayar 25,136 and element apirodi y .a.d.U Saliors .ez Am . T. d . . Institution of these falls mi to the town in a month of reactive it sulface; JOHS . COSTS DW. Carling Co. merenes . a ministry days-to-des -----

Derica (40/47 Derich Lee Postul Grunde, Michigan, 1984)

and the light a trouted about terrors remain

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 									-			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CERTIFICATE OF DEATH

Israel

2a. DATE OF DEATH 2b. HOUR 1987 June 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAY5 53

3. SEX		4 RACE	5. DATE OF	BIRTH
Male		Black	1 <sup>MDNTH</sup>	1
7a BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	

Earnest

18 3 3 AR MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

New York IN CITY OR TOWN OF DEATH

WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (JE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Physicians Memorial Hospita

Charles County 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Tobacco Foreman

La Plata

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY
113c. STATE La Plata Charles

MIDDLE

(IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

15 MOTHER'S MAIDEN NAME

610 Zekiak Road 20646

Maryland 4. FATHER'S NAME

FOR

REGISTRAR I. DECEASED NAME

- STATE

(TYPE OR PRINT)

COUNTRY

FAST

Edna 17 INFORMANT

FIRST

Owens 2734 Dr. #103

16g WAS DECEASED EVER IN U.S. ARMED FORCES? TYPE NO OR LINKNOWN)

CERTIFICATION

166. SOCIAL SECURITY NO.

IMMEDIATE CAUSE (0) CARDIO - RESPIR ATOR

247 48 1378 Ronald Chase Forsetville, Md 20747

Conditions, if any, which gave rise to immediate cause (a), stating the

19a. DATE OF OPERATION

IN END STAGE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF underlying cause

DIABETES MELLITUS - HYPER

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DISEASE OBSTRUCTIVE CHRONIE LUNG

4
21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)
21d. INJURY OCCURRED

216. TIME OF INJURY

19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [

HOUR A.M. MONTH DAY YEAR

NO D 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NOT WHILE WHILE

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

COUNTY STATE

saw the deceased alive on above, (I) (we) (did) (did not) view the bady after death.

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

\_, and that in (my) (aur) opinion death accurred on the date and hour and fram the causes stated

22c DATE SIGNED

GUHA PAMELA

22e. ADDRESS

CITY OF TOWN

23a BURIAL, CREMATION, REMOVAL Burial

220.1 certify that (1) (this haspital) attended the deceased from 2 had

23c NAME OF CEMETERY OR CREMATOR Zion Wesley UMC

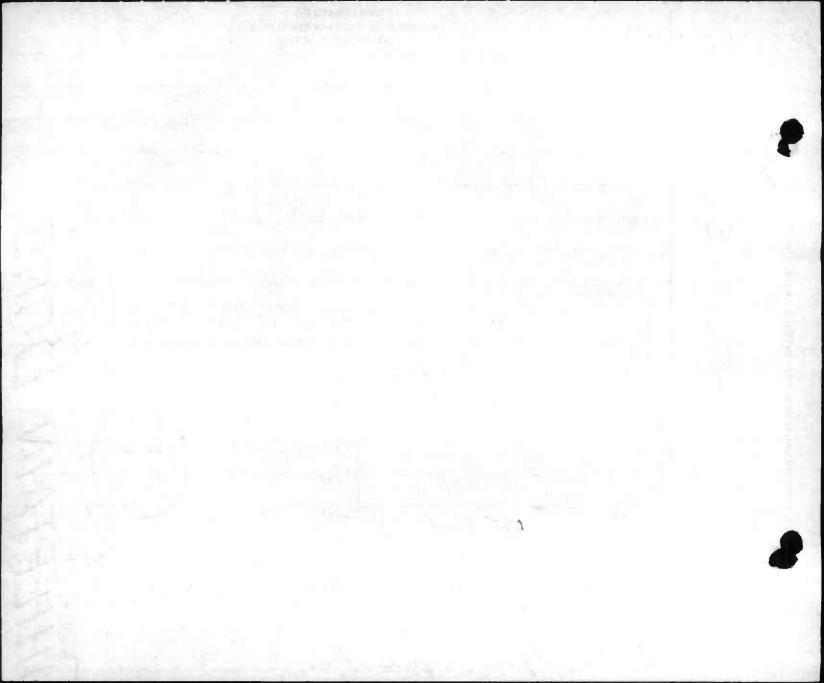
Waldorf

AL DIRECTOR

25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

9 4

DHMH-16 60M 1/73 (VR A 15 (4))



05	8 3.7 0 3	13-	FOR STATE 7 REGISTRAR		STATE OF MEALTH DEPARTMENT OF HEALTH DICAL EXAMINER'S O	AND MENTAL HYGI	EATH	7 REG. NO.	3 4 6	>
4	A 38.8.8.E.	1. DE	CEASED NAME PAUL	FREI	HRICK JO	NESC	Ze. DATE KNO	OWN MONTH	27 1987	7 10:00 A N
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E F NOW YOUR FILES. D. WITHIN 72 HOURS IV. W. PRESTON STREET,	3. SE)	n w	5. DATE OF BIRTH	LAST BIRTHDAY) MONTH	DER 1 YR. IF UNDER 24 HR	PRONOUNCED DEAD	9	27 1987	
0	DELAY IS NECESSARY, IS 13 TO THE FUNERAL DIRECT IN PAGE 5 FOR YOUR DISCRIPTORY OF STATE OF THE PAGE OF	FC	RTHPLACE (STATE OR REIGN COUNTRY) Maryland		S.A. WIDOW		Char		TOP DEATH	MD
	DELAY IS BY TO THE IN PAGE SO SE FILED	Ł	a Plata	Physic:	PITAL, NURSING HOME, OR OTH JUITY, GIVE STREET ADDRESS) Lans Memorial		usual occupation of the post of working Painter	LIFE)	Paint	TRY
21201	AND 3 AND 3 AND 3 AND 3 ECONID	13a. S	AL RESIDENCE (IF IN NURSING HOME OF TATE OF THE COLOR	ITY ,	13 Sel Allon	TES LI NO A	STREET ADDRESS	Box 6	39120	611
ORE, MD.	DEATH.		ATHER'S NAME FIRST  Samuel  VAS DECEASED EVER IN U.S. AR	MIDDLE B.	Jones 166. SOCIAL SECURITY NO.	15. MOTHER'S MAIDEN NA FIRST Viola	WIDDLE	Vog	t	
BALTIMORE,	S AFTER GIVE PA ITH FOR PAGES I	()	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	220-40-2958	Betty Jear				as13
PRESTON ST.,	N 724 HOURS N 1724 HOURS A LONG WII SIT PERMIT, P 17GIENE, DIV AOVAL.	Ē,	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)	as a consequence of	f				SET AND DEATH
	MITHIN NCIL IN INER AL		Canditians, if any, which gave rise ta immediate cause (a) stating the under-	(b) VE	entricular F	ibrillation				
S, 201 W.	CUTED V IL EXAM URIAL - T ND MEN- TION, O		lying cause last.	(c) C	AS A CONSEQUENCE OF AT		ase			
ECORD	D BE EXE ENDING MEDICA AS A BI EALTH A CREMA	TION	190 DATE OF OPERATION		UT NOT RELATED TO THE YERMINAL DISEASI				In AUTOR	Va.
VITAL	SHOULD ORD "PE CHIEF A BE USED A NT OF HEA BURIAL, C	RTIFICA	21g. EXTERNAL CAUSE WAS	216. TIME OF			UTED MASSING OF HARMAN		20 AUTOPS	
DIVISION OF VITAL RECORDS,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER ALONG V TO FUNEAR LDIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAILTIMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M	MONTH DAY YEAR	OW INJURY OCCURRED (EN	TIER NATURE OF INJURY I	NITEM IS PART I ORP	ART 2)	
DIVIS	THIS CERT WARDED PAGE 3 SI TATE DEP.	MED	WHILE NOT WHILE AT WORK			STREET	CITY OR TOWN		OUNTY	STATE
	EXAMINER: CERTIFICATE ULD BE FORD DIRECTOR: I, WITH THE S MARYLAND,		220 I certify that I taak charged	ge af the remains description	cribed abave, held an Autap Accident , Suicide		. Inquiry		apinian	
•	CAL EXA THE CER SHOULD RAL DIR ATH, WI RE, MAR		ACTUAL OCL	~1/	AC "	TITLE (SPECIFY)	MEDICAL EXAMINE	ER SIGN	G/27	187
	TO MEDICAL PAGE 4 SHOL FO FUNERAL PAFTER DEATH,		EXAMINER'S NAME DA		ngrich	ADDRESS 019 Wa	xcl have	Dr. Leet	Vala, M	0
	BP	. (	URIAL, CREMATION, REMOVAL SPECIFY) Burial	7/3/87	Heritage Me	m Park   V	d LOCATION CITY OR TOWN	Charl		rylan
	DHMH - 17 (VR A15 ME (5))	1	uneral director Name Huntt Funeral	L Home	P.O.Box 156	neo1 "JUL"O	6 987	SELECTION	2 PORTIONE	#

20M 4/B2

mint B Total . med fatoma amintopylit sylve to ver ALTERNATION OF THE PARTY OF THE Ale area (all) - mot made group assistantic - - - - - - - - name of the contract of the co

completely filled in by the funeral dis 1 and 2 should be filed within 72 ha

Pages 1

medi

pua

PEOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	BIENE	7 REG.	NO.	7	3 .	4
DECEASED NAME	Julia		A	Mered	ith			ne 26,	монтн 1987	DAY	YEAR	26
FEMALE		4. RACE BLACK		5. DATE C		1 9 0 8	6 AGE 78	IN YEARS LAST	BIRTHDAY) YRS.	MONTH	DAYS	IF H
d BIRTHPLACE (STATE O		1191	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER A	AARRIED		MORECITY Charle	_	Y OF D	EATH	
0. CITY OR TOWN OF D	EATH	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET Lans Memo	ADDRESS)			(TYPE OF	WORK FOR MOS	TOF WORKING	LIFE) IN	DUSTRY	
USUAL RESIDENCE (IF NU MARYLAND	13b CH		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Marsha	/N	13d. INSIDE CI	ITY LIMITS?		ET ADDRESS			646	
4. FATHER'S NAME JOHN		E.	FOR!	D		MAIDEN NA/		WIDDLE		C	HIŚĨ	E
60 WAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECL	RITY NO.	17 INFORMA	NT		ADD	RESS R +	2	Boy	7

HOUR 10:30 UNDER 24 HRS

STATE

MD.

CHARLES

rason-handelle

POMFRET

MD. USINESS OR TE 72-0 Md. Pomfret, (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-14-131d Shirley A. Johnson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: RESFIRATORY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF CONGESTIVE HEART Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TENSION CERTIFICATION SEVERE CARDIOMEG 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? TRACHEOSTOMY (FOR RESPIRATOR) 5-15-87 YES [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an\_ and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 27b. SIGNATURE DEGREE 22c. DATE SIGNED MD ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS ANMAN GANDLA Charlotte Hall, Md. Dr. Sagar 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL BURIAL 23d LOCATION

JOSEPH

POMONKEY, MD

7-1-87

DHMH - 16 60M 7/84

FUNERAL DIRECTOR

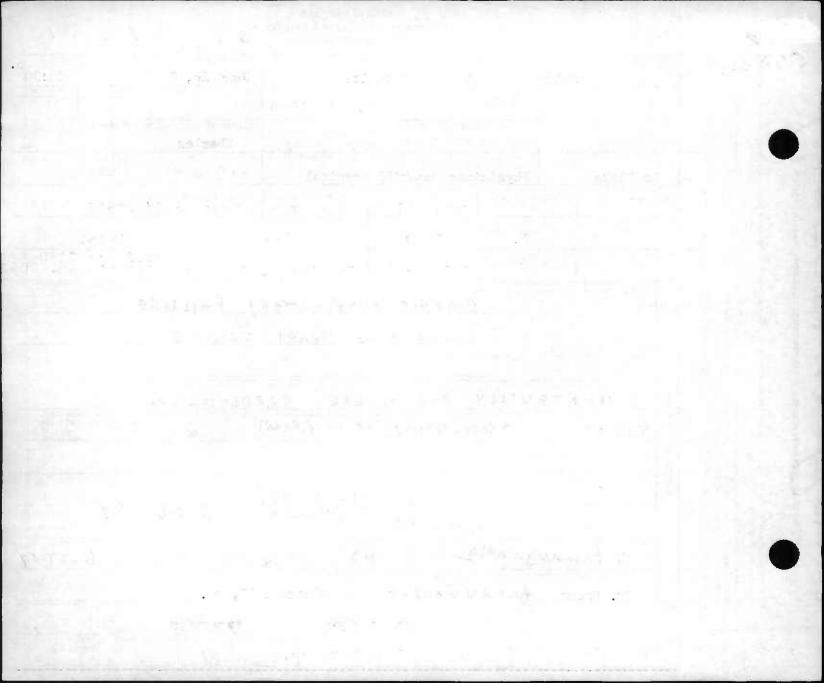
0

BP

should be detail

IMPORTANT:

24. FUNERAL DIRECTOR THORNTON FUNERAL HOME (VRA 15, 4)

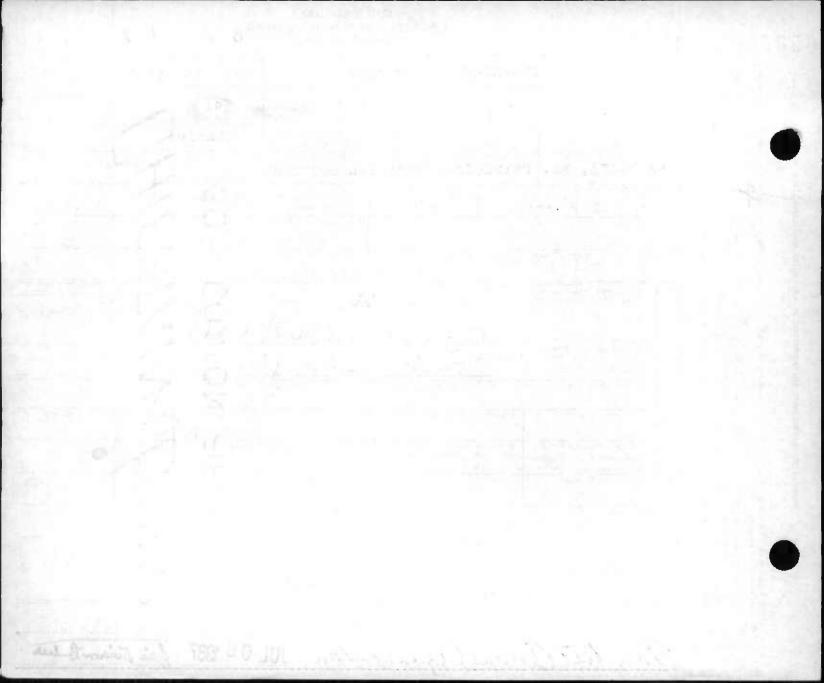


## CTATE OF MARYLAND

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6
CERTIFICATE OF DEATH	C

-	167	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE 8	REG. NO		7	3	4	8
	1. DE-	CEASED NAME FIRST CORPRINT)	FLOREN	CE	MONE	ROE	20. DATE O	DF DEATH	198		YEAR	26 нос 5:3	n
	3 SE	x Female	4.RACE Black		5. DATE O			74		MONTHS	DAYS	HOURS MIN.	
2		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIM	orecity <u>oi</u> har le		Y OF DE	ATH		MD.
5		A PLATA, MD.	PHYST	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION AL HOSPITAL	(TYPE OF WO	OCCUPATION NOST OF	WORKING L	IFE) IND	USTRY	F BUSINE	ESS OR
)	1.3m. 5	AL RESIDENCE (IF NURSING HOME OF THE TITLE COLUMN TO THE TENTH OF THE	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE  INC. CITY ON TOWN  Malcol	N.	YES XX NO	13e STREET	ADDRESS /	ZIP COD	E		2061	
5		George	woole	Hawki		IS MOTHER'S MAIDEN NAM	ME	MEDIE			Tol	Lson	1
1		VAS DECEASED EVER IN U.S. AF TES, NO OR UNKNOWN)   I IF TES, GO I I O	RMED FORCES? VE WAR OR DATES!	218 14		Margaret S	ewel	ADDRES	SAA				
2	CERTIFICATION	Conditions, if any, which gave rise to immediate cause into storing the cause into cause last.  PART 2 OTHER SIGNIFICANT  119. DATE OF OPERATION	DUE 10, 0		NCE OF BUT	NOT RELATED TO THE FERMING IN WAS PERFORMED	MAL DISEA		FOUR HAVE	VEN IN P.	FINDIN	GS USET	
1		THE ACCIDENT WAS UNDERLYING OF CONTRIBUTING CALLY CAUSE OF DE	ATH HOUR A		YEAR	214 HOW INJURY OCCURR	VES []	NO NO PLANE		ES []	3.00mm.c	NO [	
	MEDICAL	WHILE OCCURRED AT WORLD AT WORLD		OF INJURY REI, FACTORY, ORFICE, FA	HIM, ETC.)	TH LOCATION		CITY ON TOW	ate	(0)	neF#		TATE
1	73a F	27th I certify that this hosp sow the deceased alive or obove (11) we) (dell') did not	of view the body	otter deoth.		DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  EMETERY OR CREMATORY	, MEDICAL	STAF R PHYSICI	F	220			
	(	Burial MERACDIRECTOR	5/23/			er's Cath C	h Wal	dorf.		arle		Md.	STATE
	6	martell!	ldam	A DRESS	asc	Md JUI	06	1987	Julia	Diois		Rendo	es.

DHMH - 16 60M 7/B4 (VRA 15, 4)



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	STA	TE OF M	ARYL	AND	
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYC

CERTIFICATE OF DEATH

REGISTRAR 256, REGISTRAR'S SIGNATURE

71	FOR 7STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND CERTIFICATE OF	276	REG. NO.	7 3	4 9
	DECEASED NAME FIRST YPE OR PRINT)	MIDDLE	LAST	20. D	ATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	Ma	y Sperber	Richardson	ı J	une 11	1987	9:40P M
3 5	SEX	4. RACE	5. DATE OF BIRTH		E (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	AR IF UNDER 24 HRS
	D1-	LUITOD	05 02	YE AR	70	MONTHS DAY	S HOURS MIN.
70	Female BIRTHPLACE (STATE OR FOREIGN	WHITE  76 CITIZEN OF WHAT COUN		09	LTIMORE CITY OR COL	RS DEATH	
I	OWA	U. S. OF	A. WIDOWED	R MARRIED	Charles		MD.
	Indian Head	R to NOT INTUCH FACILITY GIVE	URSING HOME OR OTHER IN	TYPE	JSUAL OCCUPATION OF WORK FOR MOST OF WORK ENOGRAPHE	ING LIFE) INDUSTR	
130	NUAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE 130. CITY OR		CITY LIMITS? 13e.S	TREET ADDRESS / ZIP	CODE	
		ARLES INDI	AN HEAD YES -		OUTE 1 B	OX 423	20640
114,	FATHER'S NAME	MIDDLE LAS		R'S MAIDEN NAME	WIDDLE		I AST
	WILLIAM A			MATILDA	TILLIE	MN	OBLOCK
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORM		ADDRESS R	T.1 BOX	421-G
1	(YES, NO OR UNKNOWN) (IF YES, O	INE WAR OR DATES)	60-2223 M. I	ELVINE ME			
H				PUTING ME	DDING, IN		OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS CAUS	only one couse per line for (o), ( SED BY: ATE CAUSE (o)	SPIRATUR	Y FA	ILURE	BETWEE	N ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS	SEQUENCE OF ARCINOM		COLON	1	
Z		CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATE	ED TO THE TERMINAL (	DISEASE OR CONDITION	GIVEN IN PART	1(0)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERF	ORMED 200	AUTOPSY? 20b.	FYES, WERE FING ERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
		EATH HOUR A.M. MONTH	H DAY YEAR	INJURY OCCURRED (	ENTER NATURE OF INJURY IN ITE	M TB PART   OR PART 2	1
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	211 LOCAT	ION	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this has sow the deceased alive a	pital) attended the deceased I		y) (our) opinion death	occurred on the date and	2019 8 7	, that (I) (we) last he causes stated
	22b. SIGNATURE	Wall	DEGREE	ATTENDING MEI	DICAL STAFF ECTOR   PHYSICIAN ()	22c. DA	-12-87
	22d PHYSICIAN'S NAME (TYPE Suryakant		8926		Rd. Clin	ton, Mo	1. 20735
230	BURIAL, CREMATION, REMOVA	L 23b. DATE	236 NAME OF CEMETERY OF	CREMATORY 23	d. LOCATION CITY OR TOWN		
	BURIAL	06-15-87	TRINITY ME	M. GRDNS	WALDORF	CHARLE	ES MD.
24	FUNERAL DIRECTOR	100 20 01			D. BY REGISTRAR 256 RE		

PLATA,

HOME, INC., LA

FUNERAL

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical and

(VRA 15, 4)

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ten register the party of the party of the Annual Control of the party make with series and the stone CYSUS COL MIS - THE STAR START OF THE BUTCHES - AND IN-Chief VIVE I TO THE STATE OF TH And the state of t STATE OF MADVIAND

CERTIFICATION

3. SEX

STATE OF BIANTENIES	
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE
LAST	20 DA

STATE REGISTRAR		DEPAR		ALTH AND MENTAL HYO CATE OF DEATH	3 /	EG. NO.	3 5	Ü
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LA	ST	26 DATE OF DEA	нтиом НТА	DAY YEAR	26. HOUR
	Arthur	Sc	hleiche	ert	June 24	. 1987		T TO M
3. SEX		4. RACE	5. DATE OF		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Male		Cav.	Marc	h 20, 1908	79	YRS	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9. BALTIMORE	ITY OR COUNT	Y OF DEATH	
Wash Do	C,	USA	WIDOWED	_	Charles			MD.
10. CITY OR TOWN OF DE	ATH	<ol> <li>NAME OF HOSPITAL, NUR! (IF NOT IN SUCH FACILITY, GIVE STR</li> </ol>		OTHER INSTITUTION	126. USUAL OCC	UPATION MOST OF WORKING		F BUSINESS OR
La Plata		Physicians Mer		Hospital	Mecha		U.S.	Gov4
USUAL RESIDENCE (IF NUR 130. STATE	136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP COD	E 22	485
Virginia	K'NE	George King	reorge	YES NO	595 (	W. Dah	IGRAN	Ragons
II FATHER'S NAME	,	7		15. MOTHER'S MAIDEN NA				11111
OSCan	(NA	Schleic	hent	Bettie	MI	DDLE	Haen	Jisch.
160. WAS DECEASED EVER		MED FORCES? 166. SOCIAL SE	CURITY NO.	17. INFORMANT	KING GO	ADDRESS	10, 221	185
(YES, NO OR UNKNOWN)	WV	VIII 226-16	,-39/3	Helan M. S	chleiche	+ 3	95 W. J	Dahknew
18 CAUSE OF DEA	TH (Enter on	ly one couse per line far (a), (b),	and (c).			1		MATE INTERVAL

PART I. DEATH WAS CAUSED IMMEDIATE		reof	BETWEEN ONSET AND DE
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	nferch	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

9a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFOR		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
		YES NO	YES NO
	216, TIME OF INJURY 21c HOW INJURY HOUR A.M. MONTH DAY YEAR	URY OCCURRED (ENTER NATURE OF INJUR	EY IN ITEM 18 PART LORPART 2)
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR		

MEDICAL 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE STREET NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from

sow the deceased alive an obove, (I) (wo) (did) (did sot) view the body after death. and that in (my) (our) opinian death occurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MID

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT)

20601 St. Charles Prof. Bldg., #3200, Waldorf, Md. Girija S. Rath, M.D.

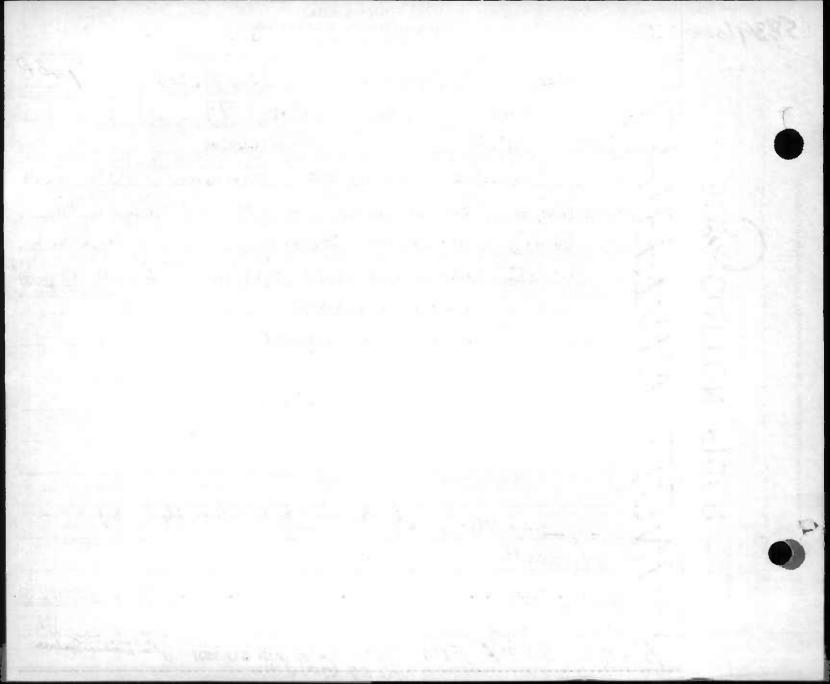
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN DeNS

15 60M 7/84 (VRA 15, 4)

TO FUNERAL DIFECTION Should be retracted with the State Designation

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56058	01	FOR STATE REGISTRAR				ARTMENT OF I	E OF MARYLAND HEALTH AND MEN ICATE OF DEA	ITAL HYGIE ITH	Ö	7 REG. NO		7 ;	3 5	
J . n= //		OR PRINT)	RST	MIDI	DLE		LAST			FDEATH		DAY YE	AR 2b.	HOUR
# 88 K	0.05		RNITA	0.5			JCHART			NE 2,			1	0:10m
+ 34/	3 SE		4. RA			5. DATE		YEAR	, AGE (IN	YEARS LAST BIR	THDAY)	MONTHS D	_	UNDER 24 HRS
- 0 ST CE/	7. 01	FEMALE RTHPLACE (STATE OR FORE)	71 6	WHITE		Dec	16, 10	916	/	0	YRS.			
4 12 A	'	COUNTRY)	GN /b CI	TIZEN OF WH	AI COUN	MARRIE	D NEVER MAR	RIED	BALTIMO			Y OF DEAT	н	
4 11 5		TY OR TOWN OF DEATH	111	USF	SDITAL NIL	WIDOW	DR OTHER INSTITU	CED	12- 1101141	CHAF		101 1/10	ID OF B	MD.
Of the state of		WALDORF	1	5027 N	VICHO	LAS RO			TYPE OF WOR	K FOR MOST O	F WORKING LI			USINESS OR
AND 21	130.5	MD.	COUNTY CHARI	13	COTY OR WALL	TOWN ORF		X.		ADDRESS 7 NIC	CHOLA	ASDRD	)	20601
1 15/0/	14 FA	THER'S NAME	MIDDLE		LAST		15. MOTHER'S MA			MIDDLE	-		LAST	
3 3 5000		tred			schu	1+	Chr:	Stine		ADDRE		erNe	_	in)
Design of the policy of the po		VAS DECEASED EVER IN L	J.S. ARMED I	OR DATES)	400	SECURITY NO.	17. INFORMANT	_ 4	saldo	AL ADDRE	id.	2060 Vicho	1	
M 1 1 1 1 1 1	_	No 1			5/-3		Robert	F. Sch	uchan	+ 50	27 1			Rd.
Koth Koth Rospie Mit. T		18 CAUSE OF DEATH E PART I. DEATH WAS	nter only one CAUSED BY:	cause per lin	e far (a), (b	and (c)		2-2 0	500	-		BETW	VEEN ONSE	E INTERVAL ET AND DEATH
TS P P P P P P P P P P P P P P P P P P P		3/4/8	MEDIATE CA	USE (a)	14 DIC	POUV	DNAR +	IFICI	- E 77	1		_		
St. 50 St		Candinian if		DUE TO, OR A	SACONSI	EQUENCE OF	A OF LL	INF						
PR T T T T T T T T T T T T T T T T T T T		Conditions, if any, who gave rise to immedi	ate				1 0 2	3114						
¥ + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 +		cause (a), stating underlying cause li	ost.	DUE TO, OR A	S A CONSE	Q Q QI	VASCU	IAR	ΛT	EAR	& Tic	101		
DS. 201	z	PART 2 OTHER SIGNIFIC	CANT COND										RT Ira	
80	IFICATION	19g DATE OF OPERATION	v 11	% CONDITIO	ON FOR WE	HICH OPERATIO	N WAS PERFORME	ED.	20a AUTO	DPSY?	20h JE YE	S, WERE FI	NDINGS	LISED
B 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	꾶						THE TEN OWNE			den	IN CERTI	IFYING CAL	USES OF	DEATH?
A FAMILY	CERT	21a. ACCIDENT WAS UNDERLY		16. TIME OF I			21c HOW INJUR	Y OCCURRE	YES [	NONE OF INJUS		PART   OR PAR		10 🗌
8 34 111 17		OR CONTRIBUTING CAUS	LOFDERIN	HOUR A.M.	MONTH	DAY YEAR								
No dipo	MEDICAL	21d INJURY OCCURRED	2	le. PLACE OF	INJURY		211 LOCATION			CITY OR TO		COUNT		
IMIS and a street of the stree	2	NOT WHILE		AT HOME STREET	FACTORY OF	FICE FARM ETC )	STREET			CITY OR TO	WN	COUNT	Y	STATE
A A A A A A A A A A A A A A A A A A A		22a.1 certify that (1) (this	s haspital) a	ttended the d	eceased fro	am _ 5 - 1	6-67.1	9	_, ta(	- 2	-57	19	, that	(It (we) last
Part of the control o		sow the deceased a abave, (I) (we) (did)	tive on	- 29 -	er dedth.	19 a	nd that in (my) (aur	r) opinian de	ath accurre	ed an the da	ate and had	ur and from	the caus	ses stated
Charles of a second		22b. SIGNATURE					DEGREE					22c D	ATE SIG	NED
4 4 4 4 4		pull	V M	1. Ma	etter	N	Y PHYS	NDING SICIAN	MEDICAL DIRECTOR	STAF PHYSIC	IAN 🗌	4	0	7-2)
FUNE Ind be		22d. PHYSICIAN'S NAME	(TYPE OR PRINT	)			22e ADDRESS	١.	. 0	1				
The state of the s		Krishan	MATH	IUR,	M.I	).	17, MA	RSIM	1 KC	D, CA	UAL	TYDOL	i, M	10 30
er errel		URIAL, CREMATION, REM		. DATE			EMETERY OR CREA	MATORY	23d LOC	ATION OR TOWN		COUNTY		STATE
BP	24.5	Burial	6	-5-8	3 /	Histor	Llend	1 13 134	KiNO	Geor	De, K	400	eorge	2, Va,
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR	1 2	- 1.	ADDRE	ESS 73	112	25 JUN	051	987 <sup>RAR</sup>	25b KEGIS	TRANSSIG	HAIDE	Agaba

Neshand Slaw, Colonial Beach, Va,

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ENDING PHYSICIAN: The law requires that the

STATE OF MAR	ΥL	.ANI	D
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STATE OF MARTEMAN										
	DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE				

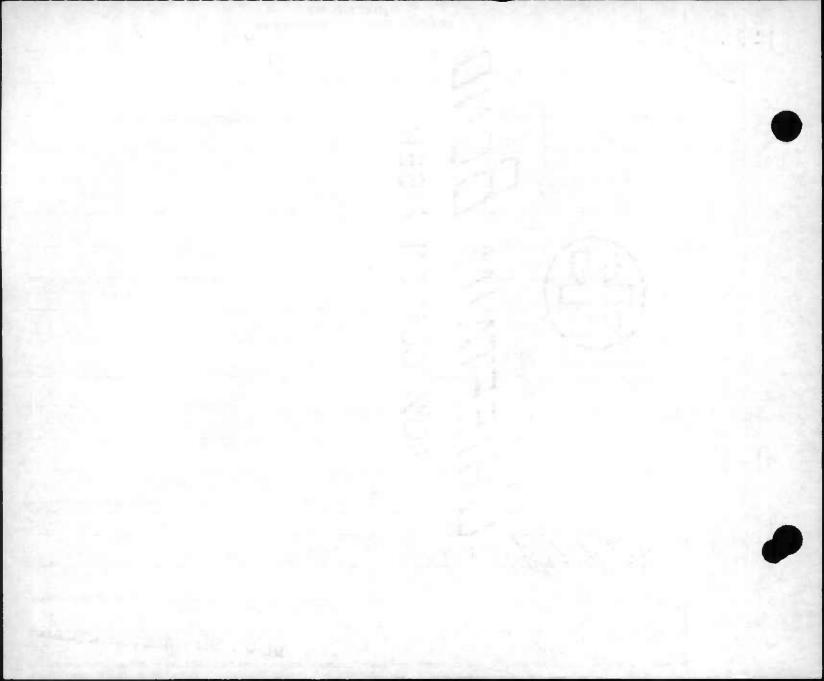
ab-ig		8
1		1
•	REG. NO.	

7	1 DEC	REGISTRAR CEASED NAME FIRST		MIDDLE		ICATE OF DEATH	REG. N	O. MONTH DAY	YEAR	₽b HOUR
1		OR PRINT)		MIDOLE			June 24,			11:1
			eathe			mner				
	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	MON	UNDER I YEAR	HOURS MIN
	Fe	emale	Black		Apri	il 16,1916	7.1	YRS.		
2	70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8.				B. MARRIEI	DE NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	F DEATH	
55		rginia	USA			D · DIVORCED	Charles			٨
2		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND ( INDUSTRY	OF BUSINESS C
		lata,Md.	Physic	ian Memo	orial	l Hospital	Housewi	fe		
0 000	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION	13c CITY OR TOWN	AOMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	20	1-111
	M	larvland Po	3	Indian	Head	YES NO	16 Emma	Lane	00	CAL
		ATHER'S NAME	MIDDLE	LAST	1111111111111	15. MOTHER'S MAIDEN NA	MIODEE		LA	61
0	Pa	yton	MIDDLE	Hoban		Lucy	MIODEE		Bv	
	16a. V	VAS DECEASED EVER IN U.S. A		16b. SOCIAL SECUR	RITY NO.	17 175705 Loc	kdalo RADDR	ESS S 1 1 17	er S	nring
2	(	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	577 30	2642	Marlene Ha	11-daugh	a oliv	1 2 7 7	LT THE
9	-	18 CAUSE OF DEATH (Enter of				плагтене па	TT-nankur	CT_TH_	APPROX	ONSET AND DEAT
,		PART I. DEATH WAS CAUS							BELWEEN	ONSET AND DEATH
Ď		IMMEDI.	ATE CAUSE (0)	Suc	lden	Death			-	
ier trooman		Conditions, if any, which gove rise to immediate couse (a), stating the	(b)	R AS A CONSEQUE	sclei NCE OF	rotic Cardi		disea		years
y, or order trauman		gove rise to immediate	(b)	Arterios Ras a Conseoue Hyperter	scler NCE OF 1 sive	e Vascular	disease			years
y injury, or other traumana	TION	gove rise to immediate cause lot, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, O	Arterios  Arterios  Arsaconseouei  Hyperten  Ontributing to D	NCE OF NSIVE	e Vascular	disease WINALDISEASE OR CON	IDITION GIVEN	IN PART 1	years
ows only injury, or officer fraumand	rification	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	Arterios  Arterios  Arsaconseouei  Hyperten  Ontributing to D	NCE OF NSIVE	e Vascular	disease	120b. IF YES, V	VERE FINDING CAUSES	years
J.	CERTIFICATION	gove rise to immediate couse Io1, status the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	(b)	Arterias  Pras a conseque  Hyperter  Ontributing to D  Ontribution for which of	NCE OF A S I V E DEATH BUT	e Vascular	disease  MINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF YES, V IN CERTIFY II	VERE FINDING CAUSES	years NGS USED S OF DEATH?
Jo suows	AL CERTIFICATION	gove rise to immediate cause lot, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, O  (c)  CONDITIONS CO  196 COND  216. TIME CO HOUR A.	Arterios  Pras a conseque  Hyperter  ONTRIBUTING TO D  ONTRIBUTING TO D  OF INJURY  M. MONTH DA	NCE OF 1 S I V E DEATH BUT OPERATIO	NOT RELATED TO THE TERM	disease  MINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF YES, V IN CERTIFY II	VERE FINDING CAUSES	years NGS USED S OF DEATH?
nem 10 snows		gove rise to immediate cause IoI, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ELIFETHER, NOTIFY MEDICAL EXAMIN	DUE TO, O  CONDITIONS CO  196 COND  216 TIME C HOUR A.  468)  P.	Arterias  Pras a conseque  Hyperter  ONTRIBUTING TO D  ONTRIBUTING TO D  OF INJURY  M. MONTH DA  M.	NCE OF A S I V E DEATH BUT	NOT RELATED TO THE TERM NOT THE T	disease  MINAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF YES, V IN CERTIFY IN YES JIRY IN ITEM 18 PART	VERE FINDING CAUSES	years  NGS USED S OF DEATH?
Jo suows	MEDICAL CERTIFICATION	gove rise to immediate cause Io1, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHERTHER, NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK AT WORK	DUE TO, O  (c)  CONDITIONS CO  196 COND  196 COND  196 COND  216 TIME C HOUR A  P.  216 PLACE (AT HOME ST	Arterias  PRAS A CONSEQUE  Hyperter  ONTRIBUTING TO D  OF INJURY  M. MONTH DA  M.  OF INJURY  REET FACTORY, OFFICE, FA	NCE OF ASIVE DEATH BUT OPERATIO AY YEAR 19	P Vascular NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCUP	disease  MINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF YES, V IN CERTIFY IN YES JIRY IN ITEM 18 PART	VERE FINDING CAUSES	years NGS USED S OF DEATH?
nem 10 snows		gove rise to immediate couse 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C. (JE EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF C. (JE EITHER, NOTIFY MEDICAL EXAMINATION OF COURSED COURSED COURSED COURSED COURSE	DUE TO, O  (c)  CONDITIONS CO  196 COND  196 COND  ABATH  P.  216 PLACE  (AT HOME STI	Arterias  PRAS A CONSEQUE  Hyperter  ONTRIBUTING TO D  OF INJURY  REET FACTORY, OFFICE, FA  The deceosed from Service of the s	NCE OF ASIVE  OPERATIO  OPERATIO  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM NOT THE T	disease  MINAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF YES, V IN CERTIFYIN YES   URY IN ITEM 18 PARTI	VERE FINDING CAUSES	years  NGS USED S OF DEATH?
nem 10 snows		gove rise to immediate couse 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C. (JE EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF C. (JE EITHER, NOTIFY MEDICAL EXAMINATION OF COURSED COURSED COURSED COURSED COURSE	DUE TO, O  (c)  CONDITIONS CO  196 COND  196 COND  ABATH  P.  216 PLACE  (AT HOME STI	Arterias  PRAS A CONSEQUE  Hyperter  ONTRIBUTING TO D  OF INJURY  REET FACTORY, OFFICE, FA  The deceosed from Service of the s	NCE OF 1SIVE DEATH BUT OPERATIO (Y YEAR 19 ARM ETC)	NOT RELATED TO THE TER/ NOW WAS PERFORMED  21c. HOW INJURY OCCUR 21f. LOCATION STREET	disease  MINAL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE)  CITY OR TO Ju	20b. IF YES, VIN CERTIFY IN YES VIN STEM 18 PART	WERE FIND ING CAUSE:	years  NGS USED S OF DEATH? NO  STATE
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DHMH - 16 60M 7/84

(VRA 15, 4)

BP



STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENEO

REG. NO.

VF AR 2h HOUR

IF UNDER 1 YEAR

2a. DATE OF DEATH

CHARLES

IF UNDER 24 HRS

	Vincent
3. SEX	
Male	
7a. BIRTHPLACE	( STATE OR FOREIGN

- STATE

LITYPE OR PRINTI

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CERTIFICATION

MEDICAL

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L DECEASED NAME

REGISTRAR

Weaver Jerome 5. DATE OF BIRTH 4. RACE MONTH White

YEAR 20 16 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

1987

New York 10. CITY OR TOWN OF DEATH

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Sicians Memorial Hospita

12a USUAL OCCUPATION

6 AGE (IN YEARS LAST BIRTHDAY)

June

126 KIND OF BUSINESS OR INDUSTRY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

GIVE RESIDENCE BEFORE ADMISSIONS

Th CITIZEN OF WHAT COUNTRY?

Physicians

13c. CITY OR TOWN YES [

13d. INSIDE CITY LIMITS? NO [

STIME

13e.STREET ADDRESS / ZIP CODE 139 ROUTE

MARYLAND 14. FATHER'S NAME

13a STATE

CHARLES MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c).

13b. COUNTY

W.W.II

LAST WEAVER 15. MOTHER'S MAIDEN NAME FIRST MAY

MIDDLE

WEAVER

Sur alt 2

ARTHUR

YES

(YES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

16h SOCIAL SECURITY NO 068-01-44

17 INFORMANT

CHARLOTTE HALL

IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate

cause (a), stating the

underlying couse

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

TONCOMO,

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10

190 DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21h TIME OF INTURY HOUR A.M. MONTH DAY YEAR

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY2

NO

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

19h. CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION STREET

CITY OF TOWN COUNTY

STATE

NO T

22a I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive an

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

MD

ATTENDING MEDICAL STAFF PHYSIC IAN DIRECTOR PHYSICIAN 22c. DATE SIGNED 6/12/87

STATE

22d. PHYSICIAN'S NAME (TYPE OR THE Harvey Katzen,

NOT WHILE

above, (I) (we) (did) (did not) view the banky

8926 Woodyard Road Clinton, Md. 201

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL BURIAL 24 FUNERAL DIRECTOR

22b. SIGNATURE-

06-15-87

23c. NAME OF CEMETERY OR CREMATORY MARY'S CATH.

CITY OR TOWN NEWPORT

CHARLES

Julia Davidson.

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES 🖂

MD. 25a. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR'S SIGNATUR

FUNERAL HOME. INC.. LA PLATA.MD

Herene (1) (6 7) (6 7) (8 8) (9 8) (

SIL

1 -	FOR - STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 /		7 3 5	Sar.
I. DEC	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH : DAY	YEAR 2b H	OUR 1
(1)76	PICCOLA	GERTRUDE		WELCH	06/21/87		2:	30 am
3. SEX	Х	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR IF UN	DER 24 HRS
	FEMALE	WHITE	087	"30 "/192"1 <sup>*</sup>	65	YRS.		MIN.
KENTUCKY		U.S.A.	MARRIE		9 BALTIMORE CITY C			
WE	CL COME	11. NAME OF HOSPITAL, NURS (JE NOT IN SUCH FACILITY SIXE STRE FIRE TOWER			HOME MAK		126 KIND OF BUS INDUSTRY AT HOM	
	AL RESIDENCE (IF NURSING HOME OF SLATE 13b. COULT)  RYLAND CH	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY IARLES WELCON		13d. INSIDE CITY LIMITS?	13. STE DOORES	0693 VER RO	AD, P.O.	#34 BOX
14 FA	GERTHY D.	FORD		15 MOTHER'S MAIDEN NA CALLIE	me ENGLE		LAST	
16a V	NAS DECEASED EVER IN U.S. A. YES NORUNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 423-14		AUGUSTUS N	M. WELCH, F		, SAME	AS#
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause ial, stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQ  (b) CAPCE  DUE TO, OR AS A CONSEQ  (c) EMP1  CONDITIONS CONTRIBUTING TO	VOMA  UENCE OF  HVSE  D DEATH BUT	NOT RELATED TO THE TERM		DITION GIVEN	WERE FINDINGS UNG CAUSES OF DI	EATH?
	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUR			_	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
	sow the deceased alive a	oital) attended the deceased from 19. at) view the body after death.	, 0	nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN I	MEDICAL STA	FF	0 /	
	22d PHYSICIAN'S NAME (TYPE  Krishan Math			PHYSICIAN [ 22e. ADDRESS 17 Marshall	Z DIRECTOR □ PHYSIC		20601	10-1
B	BURIAL, CREMATION, REMOVA URIAL	23b. DATE 23c		EMETERY OR CREMATORY ANS CEMETERY	23d. LOCATION		ÄRYLAND	STATE
	uneral director EHÄRT FUNERA	L HOME, INC., I	LA PLA		2 4 1987	A 110	R'S SIGNATURE	is

DHMH-16 50M 1/81 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ž.	ed l	0 5
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ł	ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 24 hour attended. Possible of	JRE The	Hen
•		TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and complementation to the funeral displantation of the business permit. Then please remove corporates the agreement of the business permit. Then please remove corporates the part of the business to the business of	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Item 18 staws any injury, or other traumatic event, the medical examiner mili
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						UFMARTLAND				
0.7		FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	0 /	17	3	5 5
0017	1. DEC		Harold	MIDDLE Edwar	d L	AST Willett	REG. NO	MONTH DAY	YE AR	26 HOUR
e, 3	(TYPE	Hard Hard		ELUWAI	ju )	1110 +		6 6	27	2315 BM
page'3	3. SEX		4. RACE	NI .	5. DATE C	OF BIRTH	6 AGE   IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
director, p tours after	M	ale	Whit	e	MONTH	30 1929	57		VIHS DAYS	HOURS MIN.
no Po	70. BIF	THPLACE I STATE OR FOREI		F WHAT COUNTRY?			9. BALTIMORE CITY OF	YRS. COUNTY OF	F DEATH	
を重り	M	aryland	U.S.		WIDOWE	DINORCED DINORCED	Chap	105		440
12		Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION	N NC	126. KIND OF	MD. F BUSINESS OR
100	1	A Plata	Phys	ician Me	mori	al Hospital	Accountal	NT.	U.S.	Govn.
20	USUA 130 S	L RESIDENCE HE NURSING	OME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	12ª STREET ADDRESS /	ZID CODE		
375			harles	Nanjemo	y	YES NO X	BOX 83 D	,	20662	
10	14 FA	THER'S NAME	MIDDLE	LACY		15. MOTHER'S MAIDEN NA	ME			
1250		Frank	MDDLL	Willett		Marie	MIDDLE		Poss	еу
11		'AS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)			17. INFORMANT Wife				
1/		es 1	948-1952	220-26-	7132	Frances L.	Willett,	Same	e as	13
4		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse p	er line for (a), (b), and	(cia)				APPROXIV BETWEEN O	MATE INTERVAL
Net Trans			CAUSED BY: NEDIATE CAUSE (0)_	CARD.	CAC	ARRES	T			
or to		DUE TO OR AS A CONSEQUENCE OF								
nove cart ation, ar froumati		Conditions, if ony, wh	ich ( (b)_	CARDI	OR	ESPIRATOR	Y FAILL	IKE		
		gove rise to immedi	the DUE TO.	OR AS A CONSEQUE	NCE OF					
quires that the signed by the hen please rem o burial, crem jury, or other		underlying couse lost.   LO A CUTE MYO CARDIAL INFARCTION								
יץ, סי	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
injury,	ě	U Chroni			lung	disease				
Sony	CERTIFICATION	19a. DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	VERE FINDING NG CAUSES (	GS USED OF DEATH?
67	R I						YES NO	YES [		NO 🗌
Hygiene 18 shows	1 - 1	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	IN ITEM IS PART	I OR PART 2)	
or Hem	CA	(IF EITHER NOTIFY MEDICALE	(AMINER)	P.M.	19					
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR TOW	'n	COUNTY	STATE
olth and marked			hasnital\ attended :	the decented from	- 6	=6= 1087	· 6 -	6 - 10	87.	had the found had
H F		22a. I certify that (1) (this haspital) attended the deceased from								
5 E		22h SIGNATURE		11		DECREE			22c DATE S	
IMPORTANT: If them 2		V. Annaugarde HD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6-6-8								
AN AN	1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS	DIRECTOR   PHISIC	AN		
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